



# *Supporting Child Support*

## The Basics of Child Support for Employers



Washington State  
Department of Social  
& Health Services

*Transforming lives*



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# Introduction

## Did you KNOW

- About **280,000** (18 percent) children in Washington state live below the federal poverty level. This is more than the combined populations of the cities of Yakima, Bellevue and Olympia.

*KidsCount.org, 2010*

- Washington ranks **14th** in hunger in the United States. An estimated 163,000 Washington households live with hunger or the threat of hunger.

*United States Department of Agriculture, 2012*

- About **40 percent** of children who live in fatherless households have not seen their fathers in at least a year. The same children are also twice as likely to drop out of school.

*National Fathering Institute*

- The Division of Child Support is responsible for more than **350,000** child support cases representing nearly one out of every five Washington citizens.

## Introduction

### Four Things Employers Should Know About Child Support

**Employers** are a key partner in Washington State's child support program. Employers report new hires and rehires, withhold and remit child support and enroll employees and their children in health insurance plans:

#### 1 Report New Hires

**Employers must report all newly hired and rehired employees within 20 days of hire.** The Division of Child Support (DCS) uses this information to collect child support. Labor and Industries (L&I) and the Employment Security Department (ESD) also use New Hire information to detect and stop fraud. Preventing fraud helps keep tax and premium rates stable. To get started, go to <https://secure.dshs.wa.gov/dconline> or call 1-800-562-0479.

#### 2 Withhold & Remit Earnings

DCS is required to issue an income withholding notice even if the employee or independent contractor is not behind in child support payments. **A notice is effective the day you receive it. Employers must return the answer form within 20 days and** send the withheld earnings to DCS within 7 business days. In addition, employers can withhold a onetime fee of \$10 and \$1 from each future paycheck to offset costs. Don't forget to notify DCS immediately when an employee no longer works for you.

#### 3 Enroll in Medical Insurance

Employers who receive the National Medical Support Notice should **enroll the listed child(ren) in the employee's insurance plan.** Enroll in a plan that is available within the stated premium limit. The premium limit applies only to the extra cost of adding the children.

#### 4 Send Payments Electronically

Electronic child support payments are cheaper, faster and safer than paper checks. **Employers can save time and money by sending payments electronically.** DCS offers several free choices to meet the needs of any size employer. Go to [www.dshs.wa.gov/dcs/Employers/Employers3.asp](http://www.dshs.wa.gov/dcs/Employers/Employers3.asp).



# New Hire Reporting

**In this section, you will learn about the following:**

- ▶ *The Purpose of the New Hire Reporting Program*
- ▶ *The Benefits of the New Hire Reporting Program*
- ▶ *Data Elements Required for New Hire Reporting*
- ▶ *How to Report Newly Hired Employees Electronically*

# New Hire Reporting

Washington State employers must report all newly hired and rehired employees to the Division of Child Support (DCS). A newly hired employee is one who has never worked for you before and a rehire is a former employee who has come back after a separation of at least sixty consecutive days.

DCS uses this information to collect child support. The Departments of Employment Security (ESD) and Labor and Industries (L&I) use New Hire information to identify fraudulent unemployment and accident claims. Preventing fraud helps keep tax and premium rates stable and protects benefits for workers who are entitled to coverage.

## **Report all newly hired or rehired employees**

- Report within 20 days of the hire or rehire date.
- Report even if more than 20 days passed since you hired the employee.
- Report all hires regardless of age, gender, or hours worked.

## **Report Employee Information**

- Name
- Address
- Social Security Number
- Date of Birth
- Date of Hire (first day the employee works for pay)

## **Report Employer Information**

- Business Name
- Business Address
- Federal Employer Identification Number (FEIN)

## **Reporting Methods**

- Internet: <https://secure.dshs.wa.gov/dcsonline> (Secure Access Washington Portal)
- Fax: 800-782-0624
- Phone: 800-562-0479

## **Multi-State Employer Registration**

Employers doing business in two or more states may register with the National New Hire Program and report all new hires to one state. Include business name, business address, business phone number, and Federal Employer Identification Number (FEIN).

- Internet: <https://ocsp.acf.hhs.gov/ocse>
- Fax: 410-277-9325
- Phone: 410-277-9470 (help desk)

Related Laws: 45 CFR 303.108, RCW 26.23.040



DIVISION OF CHILD SUPPORT  
PO BOX 9162  
OLYMPIA WA 98507-9162

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)



DATE:

TO:

Federal Employer ID Number:

## Introduction to New Hire Reporting

Federal and state laws require you to report all **newly hired employees** to the Division of Child Support (DCS) within **20 days of hire**. A "newly hired" employee is one who has not worked for you before, or one who has returned to work after a separation of at least 60 consecutive days. DCS enclosed reporting instructions and an ***Employer's Guide to Child Support*** containing additional information. For more information, e-mail DCS at: [dcshire@dshs.wa.gov](mailto:dcshire@dshs.wa.gov) or call us at: 800-562-0479.

### Choose one of the following ways to report:

Internet: <https://secure.dshs.wa.gov/dcsonline/>  
(This is the most efficient, cost-effective way to report. You will receive an e-mail telling you DCS received your report.)

Telephone: (800) 562-0479 (choose #3 on the phone menu)

Fax: (800) 782-0624

Mail (forms / NEW HIRE REPORTING  
printouts / lists): PO BOX 9023  
OLYMPIA WA 98507-9023

### Reports must include:

- Employee Name
- Employee Address
- Employee Social Security Number
- Employee Date of Birth
- Employee Date of Hire (the date on which the employee first performed services for pay, or returned to perform services for pay)
- Company Name
- Company Address
- Federal Employer Identification Number (FEIN)  
(Call 888-836-1900 to get an FEIN)

**New hire reporting helps DCS** collect child support efficiently, reduces dependence on the State for basic needs, and saves taxpayers money.

**New hire reporting also helps the state of Washington** stop unemployment insurance, workers compensation, and public assistance fraud. Preventing fraud helps keep tax and premium rates stable and protects benefits for workers who are entitled to coverage.

**DCS recognizes Indian tribal sovereignty. Indian tribes, tribally owned businesses, and Indian owned businesses located on reservations are exempt from new hire reporting requirements. If you choose to report new or re-hired employees, DCS appreciates your voluntary report.**

INTRODUCTION TO NEW HIRE REPORTING  
DSHS 18-464 (REV. 11/2013)





# Income Withholding

**In this section, you will learn about the following:**

- ▶ *Child Support Withholding Requirements*
- ▶ *Processing Income Withholding Notices*
- ▶ *Answering Income Withholding Notices*
- ▶ *Where and When to Send Payments*

## Did you KNOW

- *Washington State employers withheld nearly **\$425 million** in child support in 2012.*
- *The Division of Child Support receives an average of 10,000 payments each day. For every 38,000 payments made electronically, one ton of paper is saved and 1,941 pounds of solid waste is avoided.*  
NACHA – The Electronic Payments Association
- *For clients receiving state assistance, the average support collected is \$205 a month. These parents receive an average of 18.5 payments over the course of 48 months.*  
OFM WorkFirst Performance Team
- *Nearly 40 percent of first marriages end in divorce and over one million children each year experience the divorce of their parents.*  
OFM WorkFirst Performance Team
- *In 2012, Washington State employers reduced the tax burden by \$200 million.*

## Income Withholding

Income withholding is the court or administratively ordered deduction of a specified amount from a parent's income for payment of child support. All employers must honor an income withholding order/notice for child support from any state. DCS issues a wage or income withholding notice when an employee's child support order contains withholding language, even if the employee or independent contractor is not behind in child support payments.

### Important information regarding Income Withholding:

- Notices are effective the day they are received
- Employers should return the answer form within 20 days after receiving the notice
- Employers must send payments to DCS within seven days of each payday
- State law does not allow deductions of more than 50 percent of the employee's disposable earnings
- Employers can deduct a onetime fee of \$10 and \$1 from each future paycheck to offset costs
- DCS sends a copy of the notice to the employee

The order tells employers to withhold a specific amount from each pay period (monthly, semi-monthly, biweekly, or weekly). If your payroll system allows, DCS prefers that employers who pay weekly withhold from the first four weekly paydays each month, and employers who pay bi-weekly withhold from the first two paydays each month, skipping the extra payday in those months with a fifth weekly payday, or third bi-weekly payday.

It's important to note that wages of an independent contractor or employee include bonuses, commissions and draws against earnings. Tips and gratuities under an employer's control are also subject to collection action.

Your failure to honor a notice can result in a finding of liability for the child support owed and a fine. Do not stop taking payroll deductions until you receive an official written release from DCS. Notify DCS immediately when an employee no longer works for you.

DCS encourages employers to send withheld support money by Electronic Funds Transfer. EFT transactions are cheaper, faster, and safer to send and receive than paper checks. DCS offers several free EFT/EDI choices to meet the needs of any size employer.

Related Laws: RCW 26.23.060, RCW 26.23.080, RCW 26.23.090

DIVISION OF CHILD SUPPORT  
PO BOX 11520  
TACOMA WA 98411-5520

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)



TO: SAMPLE STORAGE  
1512 UHAUL ST  
VANCOUVER WA 98660

DATE: May 07, 2014

RE: MR PRODUCTION

AKA: MISTER MARK PRODUCTION

AKA:

SSN: 000-00-0000

ACCOUNT NUMBER: IN 2260979

CASE NUMBER: 623833

### Income Withholding For Support Cover Letter

42 U.S.C. 666(b), RCW 26.23.060, and RCW 74.20A.080

The Division of Child Support (DCS) is collecting child support from the noncustodial parent (parent) named above.

The enclosed order / notice: ☒ Is a new order / notice. ☐ Amends (changes) a previously served order / notice.  
☐ Terminates (stops) withholding. ☐ Is a one-time lump-sum payment request.

If you are located outside Washington State and the requirements listed in this letter conflict with the laws of the state where the parent works, follow the laws of the state where the parent works.

DCS summarized your responsibilities below. See pages 2 and 3 for more details. If you employ or otherwise pay the parent for personal or contracted services, you must comply with the items marked below.

☒ Immediately begin withholding \$ 500.00 per month from all of the parent's disposable earnings. See page 2 for information about disposable earnings.

- Do not withhold more than 50 percent of the parent's disposable earnings in any pay period.
- If you do not pay the parent on a monthly basis, see the enclosed order / notice for alternative withholding methods.

**Note:** If you pay on a **weekly** or **bi-weekly** schedule, DCS prefers that you withhold equal payments as follows if your payroll system allows.

**For weekly payroll:** Withhold from the first **four** paydays each month (amount to withhold divided by 4).

**For bi-weekly payroll:** Withhold from the first **two** paydays each month (amount to withhold divided by 2).

You may skip the extra payday in those months with a fifth weekly payday or third bi-weekly payday **only if the full monthly withholding amount has been remitted.**

- Include the parent's case number and account number (listed above) on all payments and correspondence.
- Send all support payments to DCS by one of the following methods **within seven days** of withholding.
  - On line at: <https://secure.dshs.wa.gov/dcsonline/>.
  - Electronic Funds Transfer / Electronic Data Interchange (EFT / EDI).
    - You can find formatting information at [www.dshs.wa.gov/pdf/esa/dcs/UserGuide.pdf](http://www.dshs.wa.gov/pdf/esa/dcs/UserGuide.pdf).
    - Remit EFT / EDI payments to Bank Routing number 021052053, checking account number 46922337.
    - For more information about EFT payments, call 800-468-7422.

c. Mail to: WASHINGTON STATE SUPPORT REGISTRY  
PO BOX 45868  
OLYMPIA WA 98504-5868



☐ Enroll the parent's children in a medical insurance program, if available. See the enclosed **National Medical Support Notice** for details and requirements.

INCOME WITHHOLDING FOR SUPPORT COVER LETTER  
DSHS 18-592 (REV. 02/2014)

Page 1

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3012:05072014/  
623833 / 3605

### Instructions

If DCS included one of the answer forms listed below, you also must answer the enclosed order / notice within 20 days. If DCS did not include one of the answer forms, you do not need to answer the enclosed order / notice. If you:

1. **Do not employ or have never employed** the parent, complete and return the enclosed **Employment Termination Notice** form.
2. **Employ** the parent, complete and return the enclosed **Answer to Order / Notice of Income Withholding for Support**.

If the order / notice is for a one-time lump-sum payment, do not withhold more than 50 percent of the parent's net pay for a pay period. If the lump-sum payment totals more than 50 percent of the parent's net pay, withhold 50 percent of the parent's net pay until you have withheld the full lump-sum amount.

If DCS enclosed a **National Medical Support Notice**, you must respond as required by the notice.

If the parent leaves your employment, Call DCS at the number listed below or send DCS (if enclosed) the **Employment Termination Notice** form.

Call T LANE at (360) 664-5000 if:

1. The parent participates in a work release program.
2. You receive a withhold order / notice from another court or child support agency.
3. You have any questions.

Visit the DCS web site at: [www.dshs.wa.gov/dcs](http://www.dshs.wa.gov/dcs) for more information about the child support enforcement program.

### Frequently Asked Questions

**Does the enclosed order / notice apply to me?** The order / notice applies to all employers except Indian tribes, tribally-owned businesses, or Indian-owned businesses on a reservation.

1. If you are a tribe, tribally-owned business, or Indian-owned business located on a reservation see the enclosed answer form.
2. If you are a tribe, tribally-owned business, or Indian-owned business located on a reservation and you choose to honor the support order and withhold as directed in the enclosed order / notice, DCS appreciates your voluntary compliance.

**Does the enclosed order / notice have priority over other processes?** Yes. An order / notice to withhold and deliver for child support has priority over other wage assignments, garnishments, attachments, or other legal processes.

**Can DCS require wage withholding when the parent is not behind in support payments?** Yes.

**What qualifies as earnings?** Earnings means (also see disposable earnings below):

1. Compensation (including payments to independent contractors) paid or payable for personal services. This includes wages, salaries, commissions, bonuses, or pay in other forms.
2. All gains from capital, labor, or both combined, and periodic payments for retirement, pensions, and insurance plans.

**What qualifies as disposable earnings?** Disposable earnings are earnings remaining after deductions required by law.

1. Required deductions **include** federal, state, and local income taxes, FICA taxes, mandatory pension plan contributions, and mandatory union dues.
2. Required deductions **do not include** processing fees, voluntary pension plan contributions, medical insurance costs or copayments, voluntary deductions requested by the parent, and other deductions not required by law.
3. Draws or advances against future earnings **are not deductions** required by law and do not affect the amount of disposable earnings. You cannot reimburse yourself for draws paid out prior to applying the terms of the income withholding order to what would otherwise be disposable earnings as defined above. Reimbursement for draws must be taken from that portion of disposable earnings that would be paid to the individual after the income withholding order is satisfied.
4. If the parent is an **independent contractor**, deduct the support payment from the parent's fee or commission for services.
5. Do not withhold more than 50 percent of the parent's disposable earnings in any pay period.

**Can I deduct a processing fee?** Possibly. Individual state laws define the amount and frequency of allowable processing fees, if any. If you do business:

1. **In** Washington State, you may deduct a processing fee from the balance of the parent's earnings after withholding under the order / notice. Your processing fee may not exceed ten dollars for the first payment and one dollar for each following payment to the Washington State Support Registry.
2. **Outside** Washington State, contact the child support enforcement agency in and follow the laws of the state where the parent works.

**How long must I keep the enclosed order / notice?** Individual state laws define the length of time you must keep the order / notice. If you do business:

1. **In** Washington State, the order / notice remains in effect until one of the following occurs:
  - a. DCS or a court tells you to stop withholding from the parent's earnings.
  - b. You no longer employ the parent and no longer owe the parent money. (Consider the parent employed if you might call the parent to work occasionally without the parent reapplying for work.)
2. **Outside** Washington State, contact the child support enforcement agency in and follow the laws of the state where the parent works.

**Can I combine payments for more than one parent?** Yes. You may combine the amounts withheld and send a single payment to the Washington State Support Registry. However, you must clearly show each parent's name, account number, and portion of the payment. You may use the enclosed **Employer Payment Identification Instructions** form to list each parent's payment.

**What can happen if I do not comply with the enclosed order / notice?** Individual state laws define penalties for failure to comply with orders / notices for income withholding for support. If you do business:

1. **In** Washington State, you shall be liable for the amount of earnings you should have withheld plus costs, interest, reasonable attorney's fees, and reasonable staff costs if you:
  - a. Do not answer the order / notice (if DCS enclosed an answer form).
  - b. Refuse to withhold from earnings due the parent.
  - c. Refuse to send withheld earnings to the Washington State Support Registry within seven days of withholding.
2. **Outside** Washington State, contact the child support enforcement agency in and follow the laws of the state where the parent works.

**What can happen if I discipline, discharge, or refuse to hire a parent because of the enclosed order / notice?**

Individual state laws define penalties for disciplining, discharging, or refusing to hire any person because of actions required in the order / notice. If you do business:

1. **In** Washington State, RCW 26.23.080 prohibits you from disciplining, discharging, or refusing to hire any person because of actions required in the order / notice. If you do so, the parent may take legal action against you. You shall be liable for double the amount of lost wages and any other damages suffered as a result of your violation. You shall be liable for costs and reasonable attorney's fees. You shall be subject to a civil penalty of not more than \$2,500.00 for each violation. A court also may require you to hire, rehire, or reinstate the parent.
2. **Outside** Washington State, contact the child support enforcement agency in and follow the laws of the state where the parent works.

**Can the parent hold me civilly liable for complying with the enclosed order / notice?** No.

**Does DCS prefer electronic payments?** Yes.

**What is DCS's federal tax identification number?** 91-600-1088.



## INCOME WITHHOLDING FOR SUPPORT

- ☒ ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)  
☐ AMENDED IWO  
☐ ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT  
☐ TERMINATION of IWO

Date: March 05, 2013

☒ Child Support Enforcement (CSE) Agency ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions <http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm#forms>). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory Washington StateRemittance Identifier (include w/payment) IN 2260979

City/County/Dist./Tribe \_\_\_\_\_

Order Identifier 999999999

Private Individual/Entity \_\_\_\_\_

CSE Agency Case Identifier 623833

## SAMPLE STORAGE

RE: PRODUCTION

MR

Employer/Income Withholder's Name

Employee/Obligor's Name (Last, First, Middle)

1512 UHAUL ST  
VANCOUVER WA 98660

111-11-2222

Employee/Obligor's Social Security Number

Employer/Income Withholder's Address

PRODUCTION DAISY

Employer/Income Withholder's FEIN \_\_\_\_\_

Custodial Party/Obligee's Name (Last, First, Middle)

Child(ren)'s Name(s) (Last, First, Middle)

Child(ren)'s Birth Date(s)

PRODUCTIONCHILD12/27/2012

**ORDER INFORMATION:** This document is based on the support or withholding order from Washington State.

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ <u>400.00</u>	Per <u>month</u>	current child support	
\$ <u>100.00</u>	Per <u>month</u>	past-due child support	- <b>Arrears greater than 12 weeks?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	Per <u>month</u>	current cash medical support	
\$ _____	Per <u>month</u>	past-due cash medical support	
\$ _____	Per <u>month</u>	current spousal support	
\$ _____	Per <u>month</u>	past-due spousal support	
\$ _____	Per <u>month</u>	other (must specify)	

for a **Total Amount to Withhold** of 500.00 per month

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ 115.38 per weekly pay period \$ 250.00 per semimonthly pay period (twice a month)

\$ 230.76 per biweekly pay period (every two weeks) \$ 500.00 per monthly pay period

\$ \_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is Washington State, you must begin withholding no later than the first pay period that occurs one day after the date of 03/05/2013. Send payment within seven working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 50% of disposable income for all orders. If the employee/obligor's principal place of employment is not Washington State, obtain withholding limitations, time requirements, and any allowable employer fees at [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) for the employee/obligor's principal place of employment.

Document Tracking Identifier N/A

OMB 0970-0154

INCOME WITHHOLDING FOR SUPPORT  
DSHS 09-857 (REV. 06/2011)FG VER: (1 22)  
3012:03052013/  
623833 / 3293



For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm).

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: 53-000.

**Remit payment to** WASHINGTON STATE SUPPORT REGISTRY

at PO BOX 45868

OLYMPIA WA 98504-5868

- ☐ **Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law): <u>Not required by Washington State.</u>
Print Name of Judge/Issuing Official: <u>T LANE</u>
Title of Judge/Issuing Official: <u>Support Enforcement Officer</u>
Date of Signature: <u>March 05, 2013</u>

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

- ☐ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

#### ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm)

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

**Payments To SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

**Lump Sum Payments:** You may be required to notify a State or Tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by State or Tribal law/procedure. If your location is in Washington State, you shall be liable for the lesser amount of the child support owed or the amount of the earnings that you should have withheld plus costs, interest, and reasonable attorney's fees. If your location is outside Washington State, contact your local Child Support Enforcement Agency for more information about your state's or tribe's laws/procedures.

**Anti-discrimination:** You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. If you are in Washington State, you shall be liable for double the amount of lost wages and any other damages suffered as a result of the violation and for costs and reasonable attorney fees, and shall be subject to a civil penalty of not more than two thousand five hundred dollars for each violation. You may also be ordered to hire, rehire, or reinstate the aggrieved individual.

OMB Expiration Date - 05/31/2014. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

INCOME WITHHOLDING FOR SUPPORT  
DSHS 09-857 (REV. 06/2011)

FG VER: (1 22)  
3012:03052013/  
623833 / 3293

Employer's Name: SAMPLE STORAGE Employer's FEIN: \_\_\_\_\_

Employee/Obligor's Name: PRODUCTION MR

CSE Agency Case Identifier: 623833 Order Identifier: 999999999

**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see *REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears greater than 12 weeks?** If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

**Additional Information:**



**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact Information below:

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known phone number: \_\_\_\_\_

Last known address: \_\_\_\_\_

Final payment date to SDU/Tribal Payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's name: \_\_\_\_\_

New employer's address: \_\_\_\_\_

**CONTACT INFORMATION**

**To Employer/Income Withholder:** If you have any questions, contact T LANE

by phone at (800) 457-6202 , by fax at (866) 668-9518 , by email or website at: \_\_\_\_\_

Send termination/income status notice and other correspondence to: **DIVISION OF CHILD SUPPORT**  
PO BOX 11520  
TACOMA WA 98411-5520

**To Employee/Obligor:** If the employee/obligor has questions, contact T LANE

by phone at (800) 457-6202 , by fax at (866) 668-9518 , by email or website at: \_\_\_\_\_

**IMPORTANT:** The person completing this form is advised that the information may be shared with the employee/obligor.

# Income Withholding Answer Form





STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

**Answer to Order / Notice of Income Withholding for Support**

(Chapters 26.23 and 74.20A RCW)

TO: DIVISION OF CHILD SUPPORT  
PO BOX 11520  
TACOMA WA 98411-5520

RE: MR PRODUCTION  
SSN: 111-11-2222

FROM: SAMPLE STORAGE

(Enter your mailing address if different from the one on the Order / Notice of Income Withholding.)

- A. ☒ **This is the first issuance of this form** regarding the enclosed **Income Withholding for Support**. Please complete this form and return it to the Division of Child Support (DCS) **within 20 days**.
- B. ☐ **This is the second issuance of this form**. The Division of Child Support (DCS) previously served your business an **Income Withholding for Support** regarding the above-named parent. Please complete this form and return it to DCS within 20 days. If you do not complete and return this form, you will be subject to the liabilities stated in the enclosed order / notice. You may be liable even if you do not possess money or property belonging or owing to the parent.

**Employment / Payroll Information**

1. ☐ We are a tribe, tribally-owned business, or Indian-owned business located on a reservation. (If you mark this box, enter your Employment Security Department (ESD) Number and Federal Employer Identification Number (FEIN) and go to the Declaration section on page 2.)  
Our ESD number is: \_\_\_\_\_ Our FEIN is: \_\_\_\_\_
2. ☐ **We do not employ or owe money to the parent.** (If you mark this box, complete this section and go to the Declaration section on page 2.)
- a. ☐ We never employed the parent.
- b. ☐ We employed the parent from \_\_\_\_\_ until \_\_\_\_\_  
(1) ☐ We do not plan to rehire the parent.  
(2) ☐ We plan to rehire the parent on \_\_\_\_\_  
(3) ☐ The parent was injured and receives a Labor and Industries (L & I) disability benefit.  
The L & I claim number is: \_\_\_\_\_
- c. The parent's new employer's name is: \_\_\_\_\_



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623833 / 3293

3. ☐ **We employ or owe money to the parent.** (If you mark this box, complete the remainder of this form.)
- We will withhold \$ \_\_\_\_\_ per pay period from the parent's disposable earnings as required by the **Income Withholding for Support**.
  - We pay the parent: ☐ weekly ☐ twice monthly ☐ other: \_\_\_\_\_  
☐ monthly ☐ every two weeks
    - The gross pay per pay period is: \$ \_\_\_\_\_
    - The net pay per pay period is: \$ \_\_\_\_\_
    - The rate of pay is: \$ \_\_\_\_\_
  - The parent's next pay date is: \_\_\_\_\_
  - The parent's occupation is: \_\_\_\_\_
  - We ☐ do ☐ do not offer health insurance coverage for the parent's dependents.
  - We ☐ do ☐ do not pay the parent by direct deposit through Electronic Funds Transfer.

**Declaration**

The parent's last-known address is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The parent's last-known telephone number is (include area code): ( \_\_\_\_\_ ) \_\_\_\_\_

We understand the duration of the enclosed **Income Withholding for Support** as explained in the order / notice.

I am authorized to certify (or declare) the following statement on behalf of the business.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

TELEPHONE NUMBER (INCLUDE AREA CODE) \_\_\_\_\_

FAX NUMBER (INCLUDE AREA CODE) \_\_\_\_\_

In reply, refer to case numbers:

623833

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

### Employer Payment Identification Instructions

**Do not use this form if you participate in the electronic funds transfer program.**

**The Division of Child Support (DCS) needs specific information for each employee covered by your payment.** The information helps DCS process payments. Please provide the following information for each employee covered by your payment (you may use the form at the bottom of this page):

- Employee's name.
- Employee's social security number or account number.
- Employee's pay date.
- Total amount withheld from the employee's pay and sent to the Washington State Support Registry.

If you have any questions about payments, call DCS at 800-628-3795 or visit our web site at:  
[www.dshs.wa.gov/dcs/Employers/employers1.asp](http://www.dshs.wa.gov/dcs/Employers/employers1.asp)

If you want information about making payments by electronic funds transfer, call 360-664-5103 (within the Olympia calling area) or 800-468-7422 (outside the Olympia calling area).

Mail all payments to: WASHINGTON STATE SUPPORT REGISTRY  
PO BOX 45868  
OLYMPIA WA 98504-5868

#### Employer Payment Identifier

(You may duplicate this form for additional employees and future payments.)

YOUR BUSINESS NAME:	
YOUR BUSINESS TELEPHONE # (include area code): (       )	
EMPLOYEE NAME:	DATE EMPLOYEE PAID:
EMPLOYEE SSN OR ACC'T #:	AMOUNT WITHHELD: \$
EMPLOYEE NAME:	DATE EMPLOYEE PAID:
EMPLOYEE SSN OR ACC'T #:	AMOUNT WITHHELD: \$
EMPLOYEE NAME:	DATE EMPLOYEE PAID:
EMPLOYEE SSN OR ACC'T #:	AMOUNT WITHHELD: \$
EMPLOYEE NAME:	DATE EMPLOYEE PAID:
EMPLOYEE SSN OR ACC'T #:	AMOUNT WITHHELD: \$
EMPLOYEE NAME:	DATE EMPLOYEE PAID:
EMPLOYEE SSN OR ACC'T #:	AMOUNT WITHHELD: \$

# Income Withholding Notice Non Custodial Parent Copy





## INCOME WITHHOLDING FOR SUPPORT

- ☒ ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)  
☐ AMENDED IWO  
☐ ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT  
☐ TERMINATION of IWO

Date: March 05, 2013

☒ Child Support Enforcement (CSE) Agency ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions <http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm#forms>). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory Washington StateRemittance Identifier (include w/payment) IN 2260979

City/County/Dist./Tribe \_\_\_\_\_

Order Identifier 999999999

Private Individual/Entity \_\_\_\_\_

CSE Agency Case Identifier 623833

## SAMPLE STORAGE

Employer/Income Withholder's Name

1512 UHAUL ST  
VANCOUVER WA 98660

RE: PRODUCTION

MR

Employee/Obligor's Name (Last, First, Middle)

111-11-2222

Employee/Obligor's Social Security Number

PRODUCTION

DAISY

Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's Address

Employer/Income Withholder's FEIN \_\_\_\_\_

Child(ren)'s Name(s) (Last, First, Middle)

Child(ren)'s Birth Date(s)

PRODUCTION

CHILD

12/27/2012

**ORDER INFORMATION:** This document is based on the support or withholding order from Washington State.

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ <u>400.00</u> Per month	current child support	
\$ <u>100.00</u> Per month	past-due child support	- <b>Arrears greater than 12 weeks?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____ Per month	current cash medical support	
\$ _____ Per month	past-due cash medical support	
\$ _____ Per month	current spousal support	
\$ _____ Per month	past-due spousal support	
\$ _____ Per month	other (must specify)	_____

for a **Total Amount to Withhold** of 500.00 per month

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ 115.38 per weekly pay period      \$ 250.00 per semimonthly pay period (twice a month)

\$ 230.76 per biweekly pay period (every two weeks)      \$ 500.00 per monthly pay period

\$ \_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is Washington State, you must begin withholding no later than the first pay period that occurs one day after the date of 03/05/2013. Send payment within **seven** working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to **50%** of disposable income for all orders. If the employee/obligor's principal place of employment is not Washington State, obtain withholding limitations, time requirements, and any allowable employer fees at [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) for the employee/obligor's principal place of employment.

Document Tracking Identifier N/A

OMB 0970-0154

INCOME WITHHOLDING FOR SUPPORT  
DSHS 09-857 (REV. 06/2011)

FG VER: (1.22)

3012:03052013/  
623833 / 3293



# Income Withholding

## Handling multiple orders from more than one state



## Handling Multiple Orders From More Than One State

The Uniform Interstate Family Support Act (UIFSA) is applied when two or more states are involved in a child support order. The UIFSA Act allows a withholding order to be mailed to the employer of the non-custodial parent in another state. The employer is obligated to withhold pay for the benefit of the child.

An income withholding order may come from Washington or any other state. Employers in Washington should follow Washington State law and should not withhold more than 50 percent of their employee's disposable income. Employers should pay current monthly support first, withholding equally for each order.

How does a Washington State employer withhold for multiple withholding orders for a parent?

- The employer must first pay all current support owing.
- If there are insufficient funds to pay all of the current support owed, then the employer must allocate available funds **equally** between two or more withholding orders.
- If the employer can pay all current support but cannot pay all the requested ar-rears payments, then the employer must allocate the remaining funds **equally**.
- If the employer pays all the current support and has enough to pay all the requested arrears, the employer withholds up to 50% of net pay.

**Example 1:** A Washington employer receives a withholding order from DCS for \$400 current support and a withholding order from California for \$200 current support for the same noncustodial parent (NCP).

The NCP earns \$800 net. The employer may withhold up to 50% of net, or \$400. The employer withholds \$200 for the Washington order and \$200 for the California order.

**Example 2:** A Washington employer receives a withholding order from DCS for \$400 current support and \$200 a month on arrears. The employer receives a second order from CA for \$200 current support and \$100 a month on arrears for the same NCP.

The NCP earns \$1,600 net. The employer may withhold up to 50% of net, or \$800. The employer first pays all of the current support (\$600) (\$400 to DCS and \$200 to California) and then pays the arrears equally, \$100 to Washington and \$100 to California.



# Medical Support

**In this section, you will learn about the following:**

- ▶ *Medical Support Requirements*
- ▶ *Processing Medical Support Notices*
- ▶ *Answering Medical Support Notices*

## Did you KNOW

- *Each day **100 babies** receive medical coverage from DSHS.*
- *The cost for a child to visit a doctor for asthma is about \$163. An emergency room visit for asthma costs \$382, and if the child is hospitalized, the cost is more than \$6,000.*

*Children's Hospital and Regional Medical Center, 2012*

- *Approximately **113,000** children in Washington State have no health insurance. Uninsured children are 10 times more likely to have unmet medical needs such as obesity or diabetes.*

*Children's Defense Fund, 2012*

- *Uninsured children are four times more likely than an insured child to have unmet dental health needs. In 2010, children missed more than 51 million hours of school because of dental-related illnesses.*

*Children's Defense Fund, 2012*

## Medical Support

Medical support is a form of child support often provided as health care insurance under a parent's order. The employee may be ordered to provide health insurance if coverage is available through an employer. DCS sends the National Medical Support Notice (NMSN) to employers by itself or with the Income Withholding Order. The NMSN contains two separate sections – Part A and Part B.

### **Part A contains the following:**

- Cover Letter, Part A, Notice to Withhold for Health Care Coverage
- Part A, Notice to Withhold for Health Care Coverage
- Employer Response Form (used when coverage is NOT available)
- Instructions to Employer

### **Part B contains the following:**

- Cover Letter, Part B, Medical Support Notice to Plan Administrator
- Part B, Medical Support Notice to Plan Administrator
- Plan Administrator Response Form (used when coverage IS available)
- Instructions to Plan Administrator
- Washington State Addendum to Box 2 of Plan Administrator Response

### **Employers handling their own enrollments should do the following:**

- Follow Part A, "Instructions to Employer" and Part B, "Instructions to Plan Administrator."
- Enroll the children in the employee's insurance plan or in an insurance plan that is available within the premium limit stated in the notice.
- Once enrolled, complete the "Plan Administrator Response" form and the "Washington State Addendum to Box 2" and send both forms to DCS within 40 business days after the date of the Notice.

Employers whose benefits are handled by a separate benefits department or third party administrator should send the entire Part B section to them within 20 days. Check box 7 on the Employer Response form, enter the date Part B was sent, and send the Employer Response to DCS.

Remember to notify DCS when an employee is no longer working for you or when children are removed from coverage. For more information about medical insurance enforcement and enrollment visit our website at [www.dshs.wa.gov/dcs/employers.shtml](http://www.dshs.wa.gov/dcs/employers.shtml)



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

## Cover Letter for the National Medical Support Notice - Part A - Notice to Withhold for Health Care Coverage

**This Notice Contains Confidential Information:** Employer, employee, child, and custodial parent address information contained in Part A and Part B of the **National Medical Support Notice** is confidential. Please **do not** give address information or a copy of pages 1 or 5 to the employee, custodial parent, or any family member, relative, or friend of either party.

Please be sure to send the Part B Cover letter and the **Washington State Addendum to Box 2 of Plan Administrator Response** to the appropriate plan administrator(s) with Part B.

If the employee's health/dental insurance coverage is available through a union, forward Part B to the union's third party administrator.

If the employee has multiple cases requiring health care coverage, the Division of Child Support enclosed a separate **National Medical Support Notice** form for each case. Please be sure to send Part B of all of the notices to the plan administrator.

Additional information regarding limitations on withholding:

1. When the employee's principal place of employment is in Washington State, the total amount withheld for both child support and the children's health insurance premium cannot exceed 50 percent of the employee's disposable earnings.
  - a. When the **employee is already enrolled** in a health insurance plan and the employer or plan administrator adds only the children, then only the children's portion of the health insurance premium applies to the above limitation on withholding.
  - b. When the **employee is not already enrolled** in a health insurance plan and must be enrolled in order to enroll the children, then both the employee and children's health insurance premium applies to the above limitation on withholding.
2. Use the premium amount limits marked below to determine if you have to enroll the eligible children listed on the **National Medical Support Notice** in an available health insurance plan. If there are multiple **National Medical Support Notice** forms for the employee, please add the insurance premium amounts for the notices to determine the total premium amount limit. Enroll the children in the least expensive plan that provides the children coverage. The premium amount listed here and in the **National Medical Support Notice** applies only to an additional cost to add the children to the plan. It does not include the cost the employee has to pay for employee coverage only.
  - a. ☐ Enroll the children only if you can do so at no cost to the employee.
  - b. ☐ Enroll the children only if you pay all or part of the premium to cover the children.
  - c. ☒ Enroll the children only if the employee's premium (to cover the children only) is not more than \$ 50.00 each month. If the premium exceeds this amount, you do not have to enroll the children.
  - d. ☐ There is no set limit for the employee's premium amount (to cover the children only).

If the cost of the children's coverage is more than the limit shown above, mark **box 5** on the Employer Response and tell DCS the cost of the premium. (Example: Premium cost is \$ \_\_\_\_\_.)

For more information about the **National Medical Support Notice**, visit our website at:  
<http://www.dshs.wa.gov/dcs/employers/employers.asp>

COVER LETTER FOR THE NATIONAL MEDICAL SUPPORT NOTICE - PART A - NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE  
DSSH 18-619 (REV. 07/2008)

FG VER: (1.4)  
3012:03052013/  
623833 / 3293

## NATIONAL MEDICAL SUPPORT NOTICE - PART A NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The information on the Custodial Parent and Child(ren) contained on this page is confidential and should not be shared or disclosed with the employee. NOTE: For purposes of this form, the Custodial Parent may also be the employee when the State opts to enforce against the Custodial Parent.

Issuing Agency: STATE OF WASHINGTON DIVISION OF CHILD SUPPORT Issuing Agency Address: PO BOX 11520 TACOMA WA 98411-5520 Notice Date: 03/05/2013 CSE Agency Case Identifier: 623833 Telephone Number: (800) 457-6202 FAX Number: (866) 668-9518	Court or Administrative Authority: Clark County Order Date: 2/15/2013 Order Identifier: 999999999 Document Tracking Identifier: Employer web site: <a href="http://www.dshs.wa.gov/dcs/Employers/employers1.asp">www.dshs.wa.gov/dcs/Employers/employers1.asp</a> See NMSN Instructions: <a href="http://www.acf.hhs.gov/programs/cse/forms/">www.acf.hhs.gov/programs/cse/forms/</a>
---	--

Employer/Withholder's Federal EIN Number SAMPLE STORAGE Employer/Withholder's Name	RE: PRODUCTION MR Employee's Name (Last, First, MI) 111-11-2222 Employee's Social Security Number
--	--

1512 UHAUL ST VANCOUVER WA 98660 Employer/Withholder's Address PRODUCTION DAISY Custodial Parent's Name (Last, First, MI)	1234 COOPER ST VANCOUVER WA 98660 Employee's Mailing Address
---	--

APARTMENT ZZ 123 MAIN STREET NW PORT ORCHARD WA 98366 Custodial Parent's Mailing Address	Substituted Official/Agency Address (Required if Custodial Parent's mailing address is left blank)
---	---

Child(ren)'s Mailing Address (if different from Custodial Parent's)	Mailing Address of a Representative of the Child(ren)
--	---

Name and Telephone of a Representative of the Child(ren)

Child(ren)'s Name(s)	Gender	DOB	SSN
PRODUCTION CHILD	M	12/27/2012	000-00-0000

The order requires the child(ren) to be enrolled in ☒ all health coverages available, or only the following coverage(s):  
☐ Medical; ☐ Dental; ☐ Vision; ☐ Prescription drug; ☐ Mental health; ☐ Other (specify):

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB control number: 0970-0222 Expiration Date: 03/31/2014.

## LIMITATIONS ON WITHHOLDING

The total amount withheld for both cash and medical support cannot exceed 50 % of the employee's aggregate disposable weekly earnings. The employer may not withhold more under this National Medical Support Notice than the lesser of:

1. The amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C., section 1673(b))
2. The amounts allowed by the State of the employee's principle place of employment; or
3. The amounts allowed for health insurance premiums by the child support order, as indicated here:  
\$ 50.00 per month.

The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as State, Federal, local taxes; Social Security taxes; and Medicare taxes. As required under section 2.b.2 of the Employer Responsibilities on page 4, complete item 5 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

## PRIORITY OF WITHHOLDING

If withholding is required for employee contributions to one or more plans under this notice and for a support obligation under a separate notice and available funds are insufficient for withholding for both cash and medical support contributions, the employer must withhold amounts for purposes of cash support and medical support contributions in accordance with the law, if any, of the State of the employee's principal place of employment requiring prioritization between cash and medical support, as described here:

**For persons employed in Washington State the withholding priority is current cash support, health insurance premiums, child support arrears payments.** See Washington

Administrative Code section 388-14A-4165. For persons employed in states other than Washington, contact the IV-D child support enforcement agency in that state for priority information.

As required under section 2.b.2 of the Employer Responsibilities on page 4, complete item 5 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholdings.





# Medical Support Answer Form - Employer Response



## EMPLOYER RESPONSE

If 1, 2, 3, 4 or 5 below applies, check the appropriate box and return this Part A to the Issuing Agency within 20 business days after the date of the Notice, or sooner if reasonable. **NO OTHER ACTION IS NECESSARY.** If 1 through 5 does not apply, complete item 7 and forward **Part B** to the appropriate Plan Administrator(s) within 20 business days after the date of the Notice, or sooner if reasonable. This includes any organization or labor union that provides group health care benefits to the employee. Check number 5 and return this **Part A** to the **Issuing Agency** if the Plan Administrator informs you that the child(ren) would be enrolled in or qualify(ies) for an option under the plan for which you have determined that the employee contribution exceeds the amount that may be withheld from the employee's income due to State or Federal withholding limitations and/or prioritization. You are required to respond to the Issuing Agency by returning this **Employer Response** regardless of whether you provide group health benefits or the employee named herein is no longer employed by your organization. Information for the Plan Administrator and the Employer Representative at the bottom of this section is required.

- ☐ 1. The employee named in this Notice has never been employed by this employer.
- ☐ 2. We, the employer, do not offer our employees the option of purchasing dependent or family health care coverage as a benefit of their employment.
- ☐ 3. The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes. Do not check this box if the employee is only temporarily ineligible for health care coverage.
- ☐ 4. Health care coverage is not available because employee is no longer employed by the employer:
- Date of termination: \_\_\_\_\_
- Last known telephone number: \_\_\_\_\_
- Last known address: \_\_\_\_\_
- New employer (if known): \_\_\_\_\_
- New employer telephone number: \_\_\_\_\_
- New employer address: \_\_\_\_\_
- ☐ 5. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan.
- ☐ 6. The participant is subject to a waiting period that expires \_\_\_\_\_ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period, which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: \_\_\_\_\_). At the completion of the waiting period, the Plan Administrator will process the enrollment.
- ☐ 7. Employer forwarded Part B to Plan Administrator on \_\_\_\_\_.
- MM/DD/YY

## CONTACT FOR QUESTIONS

Plan Administrator Name: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer Name: SAMPLE STORAGE Telephone Number: \_\_\_\_\_

Employer Representative Name/Title: \_\_\_\_\_ Federal EIN: \_\_\_\_\_  
(if not provided on Page 1 of this Notice)

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_



000062383300226097900627000312597

## INSTRUCTIONS TO EMPLOYER

This document serves as legal notice that the employee identified on this National Medical Support Notice is obligated by a court or administrative child support order to provide health care coverage for the child(ren) identified on this Notice. This National Medical Support Notice replaces any Medical Support Notice that the Issuing Agency has previously served on you with respect to the employee and the children listed on this Notice.

The document consists of **Part A - Notice to Withhold for Health Care Coverage** for the employer to withhold any employee contributions required by the group health plan(s) in which the child(ren) is/are enrolled; and **Part B - Medical Support Notice to the Plan Administrator**, which **must** be forwarded to the Administrator of each group health plan identified by the employer to enroll the eligible child(ren), or completed by the employer, if the employer serves as the health Plan Administrator.

An employer receiving this legal Notice is required to complete and return **Part A**. If group health coverage is not available to the employee named herein, or the employee was never or is no longer employed, the employer is still required to complete **Part A - Employer Response** and return it to the Issuing Agency with the appropriate response checked. If you, the employer, provide the health care benefits to the employee, forward **Part B - Plan Administrator Response** to the health Plan Administrator of your organization. If the employee's health care benefits are administered through another organization, including a labor union, forward Part B of the Notice to the labor union or other organization acting as the Plan Administrator for completion. If the employee has already enrolled the child(ren) in health care coverage, the employer must forward Part B to the Plan Administrator for completion and submittal to the Issuing Agency.

Keep a copy of **Part A** as it may be used to notify the Issuing Agency if the employee separates from service for any reason including retirement or termination.

### EMPLOYER RESPONSIBILITIES

1. If the individual named in this Notice is not your employee, or if the family health care coverage is not available, please complete item 1, 2, 3, 4 or 5 of the Employer Response as appropriate, and return it to the Issuing Agency. **NO OTHER ACTION IS NECESSARY.**
2. If family health care coverage is available for which the child(ren) identified above may be eligible, you are required to:
  - a. Transfer, not later than 20 business days after the date of this Notice, a copy of **Part B - Medical Support Notice to the Plan Administrator** to the Administrator of each appropriate group health plan for which the child(ren) may be eligible, complete item 7, and
  - b. Upon notification from the Plan Administrator(s) that the child(ren) is/are enrolled, either
    - 1) withhold from the employee's income any employee contributions required under each group health plan, in accordance with the applicable law of the employee's principal place of employment and transfer employee contributions to the appropriate plan(s), or
    - 2) complete item 5 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.
  - c. If the Plan Administrator notifies you that the employee is subject to a waiting period that expires more than 90 days from the date of its receipt of **Part B** of this Notice, or whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), complete item 6 of the Employer Response to notify the Issuing Agency of the enrollment timeframe and notify the Plan Administrator when the employee is eligible to enroll in the plan and that this Notice requires the enrollment of the child(ren) named in the Notice in the plan.

## DURATION OF WITHHOLDING

The child(ren) shall be treated as dependents under the terms of the plan. Coverage of a child as a dependent will end when conditions for eligibility for coverage under terms of the plan no longer apply. However, the continuation coverage provisions of ERISA may entitle the child to continuation coverage under the plan. The employer must continue to withhold employee contributions and may not disenroll (or eliminate coverage for) the child(ren) unless:

1. The employer is provided satisfactory written evidence that:
  - a. The court or administrative child support order referred to in this Notice is no longer in effect; or
  - b. The child(ren) is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan; or
2. The employer eliminates family health coverage for all of its employees.

## POSSIBLE SANCTIONS

An employer may be subject to sanctions or penalties imposed under State law and/or ERISA for discharging an employee from employment, refusing to employ, or taking disciplinary action against any employee because of medical child support withholding, or for failing to withhold income, or transmit such withheld amounts to the applicable plan(s) as the Notice directs. Sanctions or penalties may be imposed under State law against an employer for failure to respond and/or for non-compliance with this Notice.

## NOTICE OF TERMINATION OF EMPLOYMENT

In any case in which the above employee's employment terminates, the employer must promptly notify the Issuing Agency listed above of such termination. This requirement may be satisfied by sending to the Issuing Agency a copy of Part A with response 4 checked or any notice the employer is required to provide under the continuation coverage provisions of ERISA or the Health Insurance Portability and Accountability Act.

## EMPLOYEE LIABILITY FOR CONTRIBUTION TO PLAN

The employee is liable for any employee contributions that are required under the plan(s) for enrollment of the child(ren) and is subject to appropriate enforcement. The employee may contest the withholding under this Notice based on a mistake of fact (such as the identity of the obligor). Should an employee contest the withholding under this Notice, the employer must proceed to comply with the employer responsibilities in this Notice until notified by the Issuing Agency to discontinue withholding. To contest the withholding under this Notice, the employee should contact the Issuing Agency at the address and telephone number listed on the Notice. With respect to plans subject to ERISA, it is the view of the Department of Labor that Federal Courts have jurisdiction if the employee challenges a determination that the Notice constitutes a Qualified Medical Child Support Order.

## CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed on page 1 of this Notice.

# Medical Support

## National Medical Support Notice - Part B





STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

## Cover Letter for the National Medical Support Notice - Part B - Medical Support Notice to Plan Administrator

**This Notice Contains Confidential Information:** Employer, employee, child, and custodial parent address information contained in Part B of the **National Medical Support Notice** is confidential. **Do not** give address information or a copy of the first page of the form to the employee, custodial parent, or any family member, relative, or friend of either party.

1. NOTE: Letter C in the Instructions to Plan Administrator states, "Any required notification of the custodial parent, child(ren) and/or participant may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate."
2. If the Plan Administrator sends a party, other than the Issuing Agency, a copy of the **Plan Administrator Response**, the Plan Administrator **must not** send the party a copy of the first page of the **Medical Support Notice to Plan Administrator**.

For federal audit purposes, the Division of Child Support (DCS) must have the employee's insurance information in the DCS case files. DCS must send the insurance information to the Medicaid Agency when the employee's child receives Medicaid. DCS needs the insurance information specified in the attached **Washington State Addendum to Box 2 of the Plan Administrator Response**.

- If you mark **box 2** on the **Plan Administrator Response** form, please complete the Addendum and return it to DCS with your Response. In lieu of completing the form, you may attach any preprinted information that provides the name, address, telephone numbers, policy numbers, and group numbers for claims submission.

Information regarding the health insurance premium costs:

1. Any premium amounts listed on the Part A Cover Letter and in the **National Medical Support Notice** apply only to an additional cost to add the child(ren) to the plan. The amount does not include the cost the employee has to pay for employee coverage only.
2. When the **employee is already enrolled** in a health insurance plan and the employer or plan administrator adds only the child(ren), then only the child(ren)'s portion of the health insurance premium applies to the Consumer Credit Protection Act (CCPA) limitation on withholding for cash and medical support stated in Part A of the notice.
3. When the **employee is not already enrolled** in a health insurance plan and must be enrolled in order to enroll the child(ren), then both the employee's and child(ren)'s health insurance premium applies to the CCPA limitation on withholding for cash and medical support stated in Part A of the notice.

For more information, visit the DCS website at: [www.dshs.wa.gov/dcs/Employers/employers1.asp](http://www.dshs.wa.gov/dcs/Employers/employers1.asp)

## NATIONAL MEDICAL SUPPORT NOTICE PART B MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974, and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law. The information on the Custodial Parent and Child(ren) contained on this page is confidential and should not be shared or disclosed with the Noncustodial

Issuing Agency: STATE OF WASHINGTON DIVISION OF CHILD SUPPORT Issuing Agency Address: PO BOX 11520 TACOMA WA 98411-5520 Date of Notice: 03/05/2013 Case Number: 623833 Telephone Number: (800) 457-6202 FAX Number: (866) 668-9518 Employer Web Site: <a href="http://www.dshs.wa.gov/dcs/Employers/employers1.asp">www.dshs.wa.gov/dcs/Employers/employers1.asp</a>	Court or Administrative Authority: Clark County Date of Support Order: 2/15/2013 Support Order Number: 999999999
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Employer/Withholder's Federal EIN Number _____ SAMPLE STORAGE Employer/Withholder's Name _____ 1512 UHAUL ST VANCOUVER WA 98660 Employer/Withholder's Address _____ PRODUCTION DAISY Custodial Parent's Name (Last, First, MI) _____ APARTMENT ZZ 123 MAIN STREET NW PORT ORCHARD WA 98366 Custodial Parent's Mailing Address _____	RE: PRODUCTION MR Employee's Name (Last, First, MI) _____ 111-11-2222 Employee's Social Security Number _____ 1234 COOPER ST VANCOUVER WA 98660 Employee's Address _____ Substituted Official/Agency Name and Address (Required if Custodial Parent's mailing address is left blank) _____
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Child(ren)'s Mailing Address (if Different from Custodial Parent's)

\_\_\_\_\_

Name(s), Mailing Address, and Telephone Number of a Representative of the Child(ren)

Child(ren)'s Name(s)	DOB	SSN
PRODUCTION CHILD	12/27/2012	000-00-0000

The order requires the child(ren) to be enrolled in ☒ any health coverages available; or ☐ only the following coverage(s):  
☐ Medical; ☐ Dental; ☐ Vision; ☐ Prescription drug; ☐ Mental health; ☐ Other (specify):

NATIONAL MEDICAL SUPPORT NOTICE  
 DSHS 09-727 (REV. 05/2011)

FG VER: (2.19)  
 3012:03052013/  
 623833 / 3293





# Medical Support Answer Form - Plan Administrator Response



THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

OMB control number: 1210-0113 Expiration Date: 10/31/2012.

## PLAN ADMINISTRATOR RESPONSE

(To be completed and returned to the Issuing Agency within 40 business days after the date of the Notice, or sooner if reasonable)

Case # 623833 (to be completed by the issuing agency)

Employer name: SAMPLE STORAGE

This Notice was received by the plan administrator on \_\_\_\_\_.

- ☐ 1. This Notice was determined to be a "qualified medical child support order," on \_\_\_\_\_.

Complete **Response 2 or 3, and 4**, if applicable.

- ☐ 2. The participant (employee) and alternate recipient(s) (child(ren)) are to be enrolled in the following family coverage.

- ☐ a. The child(ren) is/are currently enrolled in the plan as a dependent of the participant.
- ☐ b. There is only one type of coverage provided under the plan. The child(ren) is/are included as dependents of the participant under the plan.
- ☐ c. The participant is enrolled in an option that is providing dependent coverage and the child(ren) will be enrolled in the same option.
- ☐ d. The participant is enrolled in an option that permits dependent coverage that has not been elected; dependent coverage will be provided.

Coverage is effective as of \_\_\_\_\_ (includes waiting period of less than 90 days from date of receipt of this Notice). The child(ren) has/have been enrolled in the following option (if plan is insured, identify provider, policy and group numbers): \_\_\_\_\_. Any necessary withholding should commence if the employer determines that it is permitted under State and Federal withholding and/or prioritization limitations.

- ☐ 3. There is more than one option available under the plan and the participant is not enrolled. The Issuing Agency must select from the available options. Each child is to be included as a dependent under one of the available options that provide family coverage. If the Issuing Agency does not reply within 20 business days of the date this Response is returned, the child(ren), and the participant if necessary, will be enrolled in the plan's default option, if any:

\_\_\_\_\_.



000062383300226097900627000002598

- ☐ 4. The participant is subject to a waiting period that expires \_\_\_\_\_ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here): \_\_\_\_\_ . At the completion of the waiting period, the plan administrator will process the enrollment.
- ☐ 5. This Notice does not constitute a "qualified medical child support order" because:
- ☐ The name of the ☐ child(ren) or ☐ participant is unavailable.
  - ☐ The mailing address of the ☐ child(ren) (or a substituted official) or ☐ participant is unavailable.
  - ☐ The following child(ren) is/are at or above the age at which dependents are no longer eligible for coverage under the plan (insert name(s) of child(ren)).

**Plan Administrator or Representative:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

## INSTRUCTIONS TO PLAN ADMINISTRATOR

This Notice has been forwarded from the employer identified above to you as the plan administrator of a group health plan maintained by the employer (or a group health plan to which the employer contributes) and in which the noncustodial parent/participant identified above is enrolled or is eligible for enrollment.

This Notice serves to inform you that the noncustodial parent/participant is obligated by an order issued by the court or agency identified above to provide health care coverage for the child(ren) under the group health plan(s) as described on **Part B**.

(A) If the participant and child(ren) and their mailing addresses (or that of a Substituted Official or Agency) are identified above, and if coverage for the child(ren) is or will become available, this Notice constitutes a qualified medical child support order (QMCSO) under ERISA or CSPIA, as applicable. (If any mailing address is not present, but it is reasonably accessible, this Notice will not fail to be a QMCSO on that basis.) You must, within 40 business days of the date of this Notice, or sooner if reasonable:

(1) Complete Part B - Plan Administrator Response - and send it to the Issuing Agency:

((a) if you checked Response 2:

- (i) notify the noncustodial parent/participant named above, each named child, and the custodial parent that coverage of the child(ren) is or will become available (notification of the custodial parent will be deemed notification of the child(ren) if they reside at the same address);
- (ii) furnish the custodial parent a description of the coverage available and the effective date of the coverage, including, if not already provided, a summary plan description and any forms, documents, or information necessary to effectuate such coverage, as well as information necessary to submit claims for benefits;

(b) if you checked Response 3:

- (i) if you have not already done so, provide to the Issuing Agency copies of applicable summary plan descriptions or other documents that describe available coverage including the additional participant contribution necessary to obtain coverage for the child(ren) under each option and whether there is a limited service area for any option;
- (ii) if the plan has a default option, you are to enroll the child(ren) in the default option if you have not received an election from the Issuing Agency within 20 business days of the date you returned the Response. If the plan does not have a default option, you are to enroll the child(ren) in the option selected by the Issuing Agency.

(c) if the participant is subject to a waiting period that expires more than 90 days from the date of receipt of this Notice, or has not completed a waiting period whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), complete Response 4 on the Plan Administrator Response and return to the employer and the Issuing Agency, and notify the participant and the custodial parent; and upon satisfaction of the period or requirement, complete enrollment under Response 2 or 3, and

(d) upon completion of the enrollment, transfer the applicable information on Part B - Plan Administrator Response to the employer for a determination that the necessary employee contributions are available. Inform the employer that the enrollment is pursuant to a National Medical Support Notice.

(B) If within 40 business days of the date of this Notice, or sooner if reasonable, you determine that this Notice does not constitute a QMCSO, you must complete Response 5 of Part B - Plan Administrator Response and send it to the Issuing Agency, and inform the noncustodial parent/participant, custodial parent, and child(ren) of the specific reasons for your determination.

(C) Any required notification of the custodial parent, child(ren) and/or participant may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate. You may choose to furnish these notifications electronically in accordance with the requirements of the Department of Labor's electronic disclosure regulation codified at 29 C.F.R. 2520.104b-1(c).

## UNLAWFUL REFUSAL TO ENROLL

Enrollment of a child may not be denied on the ground that: (1) the child was born out of wedlock; (2) the child is not claimed as a dependent on the participant's Federal income tax return; (3) the child does not reside with the participant or in the plan's service area; or (4) because the child is receiving benefits or is eligible to receive benefits under the State Medicaid plan. If the plan requires that the participant be enrolled in order for the child(ren) to be enrolled, and the participant is not currently enrolled, you must enroll both the participant and the child(ren) regardless of whether the participant has applied for enrollment in the plan. **All enrollments are to be made without regard to open season restrictions.**

## PAYMENT OF CLAIMS

A child covered by a QMCSO, or the child's custodial parent, legal guardian, or the provider of services to the child, or a State agency to the extent assigned the child's rights, may file claims and the plan shall make payment for covered benefits or reimbursement directly to such party.

## PERIOD OF COVERAGE

The alternate recipient(s) shall be treated as dependents under the terms of the plan. Coverage of an alternate recipient as a dependent will end when similarly situated dependents are no longer eligible for coverage under the terms of the plan. However, the continuation coverage provisions of ERISA or other applicable law may entitle the alternate recipient to continue coverage under the plan. Once a child is enrolled in the plan as directed above, the alternate recipient may not be disenrolled unless:

1. The plan administrator is provided satisfactory written evidence that either:
  - a. the court or administrative child support order referred to above is no longer in effect, or
  - b. the alternate recipient is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan;
2. The employer eliminates family health coverage for all of its employees; or
3. Any available continuation coverage is not elected, or the period of such coverage expires.

## CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed above.

## Paperwork Reduction Act Notice

The Issuing Agency asks for the information on this form to carry out the law as specified in the Employee Retirement Income Security Act or the Child Support Performance and Incentive Act, as applicable. You are required to give the Issuing Agency the information. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Issuing Agency needs the information to determine whether health care coverage is provided in accordance with the underlying child support order. The average time needed to complete and file the form is estimated below. These times will vary depending on the individual circumstances.

<u>Learning about the law or the form</u>		<u>Preparing the form</u>	
First Notice	1 hr.	-----	1 hr., 45 min.
Subsequent Notices	-----	-----	20 min.



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

**Washington State Addendum to Box 2 of Part B - Plan Administrator Response**

TO: PO Box 11520  
Tacoma WA 98411-5520

RE: MR PRODUCTION  
SSN: 111-11-2222  
IV-D CASE NUMBER: 623833

EMPLOYER: SAMPLE STORAGE

FROM: \_\_\_\_\_ (Name of Plan Administrator or Employer Representative)

The children listed in **Part B, Medical Support Notice to Plan Administrator** are enrolled in the following plan(s). Send all claims to the names and addresses provided below.

HEALTH INSURANCE PLAN	
COMPANY NAME AND ADDRESS	POLICY NUMBER:
	GROUP NUMBER:
	TELEPHONE NUMBER:
	EFFECTIVE DATE:

DENTAL INSURANCE PLAN	
COMPANY NAME AND ADDRESS	POLICY NUMBER:
	GROUP NUMBER:
	TELEPHONE NUMBER:
	EFFECTIVE DATE:

PRESCRIPTION DRUG INSURANCE PLAN	
COMPANY NAME AND ADDRESS	POLICY NUMBER:
	GROUP NUMBER:
	TELEPHONE NUMBER:
	EFFECTIVE DATE:

VISION INSURANCE PLAN	
COMPANY NAME AND ADDRESS	POLICY NUMBER:
	GROUP NUMBER:
	TELEPHONE NUMBER:
	EFFECTIVE DATE:

Amount of monthly premium required to cover the children: \$ \_\_\_\_\_

Check the applicable box below.

- ID cards/benefit information: ☐ Will be sent to the children's custodian.  
☐ Will be sent to the Division of Child Support.  
☐ Will not be sent.



WASHINGTON STATE ADDENDUM TO BOX 2 OF PART B - PLAN ADMINISTRATOR RESPONSE  
DSHS 09-728 (REV. 01/2008)

FG VER: (2.2)  
3012:03052013/  
623833 / 3293

# Medical Support Frequently Asked Questions



## RESPONDING TO THE NOTICE

### 1. How can I respond to the Notice?

Respond to Part A, Notice to Withhold for Health Care Coverage by returning the Employer Response or by calling DCS.

If you serve as your own plan administrator, respond to Part B, Medical Support Notice to Plan Administrator by completing the Plan Administrator Response and the Washington State Addendum to Box 2 of Part B – Plan Administrator Response and returning both to DCS.

### 2. How long do I have to respond to the Notice?

Within 20 business days after the date of the Notice:

- ▶ Check the appropriate box and send the Employer Response to DCS, or call DCS with the appropriate response
- ▶ Send Part B, Medical Support Notice to Plan Administrator to the office or labor union who administers the health care plan.

If you serve as your own plan administrator, return the Plan Administrator Response to DCS within 40 business days after the date of the Notice.

### 3. We do not offer insurance to our employees. What do I do?

If insurance IS available through a union, send Part B to the union's third party administrator.

If insurance IS NOT available through a union, check box 2 on the Employer Response form and send the response to DCS.

### 4. Our employees have insurance through a union. How do I notify DCS of the union coverage?

Send Part B Medical Support Notice to Plan Administrator (including the Cover Letter and Washington State Addendum to Box 2) to the union's third party administrator. Check box 7 on the Employer Response form, enter the date Part B was sent, and send the Employer Response to DCS.

### 5. We do our own insurance enrollments. We do not have a plan administrator. How do I respond to DCS?

If you offer insurance for which the children are eligible, enroll the children, and complete the Washington State Addendum to Box 2 of Plan Administrator Response form and the Plan Administrator response form. Return both forms to DCS within 40 business days after the date of the Notice.

### 6. What could happen if we fail to comply with the NMSN

Under Washington State law, an employer who fails or refuses to comply with the Notice can be fined up to \$1,000 per occurrence.

### 7. Should we notify DCS when the employee is providing insurance for the children and leaves our employ?

Yes. The employer must promptly notify DCS when the employee is no longer employed.

## ENROLLMENT

### 8. We do not offer insurance to our employees. What do I do?

If insurance IS available through a union, send Part B to the union's third party administrator.

If insurance IS NOT available through a union, check box 2 on the Employer Response form and send the response to DCS.

### 9. We cannot enroll the children because the employee is not enrolled. Do we have to enroll the employee?

YES. As long as the cost of the children's premium does not exceed the limit in the Notice and the current child support amount plus the cost of the premium for the employee and children does not exceed 50 percent of the employee's net disposable income.

### 10. If we have to enroll both the employee and the children, does the premium limit shown on the Notice include the amount the employee has to pay for themselves and the children?

NO. The premium limit shown on the Notice applies only to the additional cost the employee has to pay for the children's coverage.

EXAMPLE: If the cost for the employee only coverage is \$33 per month and the cost for the employee plus children is \$85 per month then the cost for the children only is \$52 per month. ( $\$85 - \$33 = \$52$ ). If the premium limit on the notice is \$52 or more, you would have to enroll both the employee and the children.



**11. When the employee works in Washington State, the most we can withhold for child support from the employee's net disposable earnings is 50 percent. How does the health insurance premium figure into the 50 percent limit?**

Assuming the cost of the children's premium does not exceed the limit shown on the Notice, the answer depends on whether or not the employer has to enroll just the children or enroll both the employee and the children.

**When the employer has to enroll only the children**, the cost of the children's premium plus the cash support amount cannot exceed the 50 percent limit. For example: The employee is already enrolled and paying a premium of \$28. The additional cost to enroll the children is \$46. The employer should enroll the children if the cash support amount plus the children's premium cost (\$46) does not exceed 50 percent of the employee's net disposable income.

**When the employer has to enroll both the employee and children**, the cost of both the employee's and children's premium plus the cash support amount cannot exceed the 50 percent limit. For example: The employee is not enrolled. The cost to enroll the employee is \$20.50. The additional cost to enroll the children is \$39.50. The total for both is \$60. The employer should enroll the employee and children if the cash support amount plus the employee's and children's premium cost (\$60) does not exceed 50 percent of the employee's net disposable income.

When the children or the employee and children cannot be enrolled because the premium plus the cash support amount exceeds the 50 percent limit, check box 5 on the *Employer Response* form and send the form to DCS. DCS may call you when you mark box 5. To avoid a call, you are welcome to note on the form that the cash support plus the premium would exceed the 50 percent withholding limit. If the plan administrator has already added the children to the plan, contact the plan administrator to tell them the children cannot be added.

**12. The employee and dependents are eligible for coverage. However, our coverage is limited to a specific service area and the child lives out-of-state or the child lives in a different part of the state outside of the plan's service area. What should we do?**

The employee is required to provide insurance coverage that is accessible to the child. Under the Revised Code of Washington and the Washington Administrative Code, "Accessible coverage" means health insurance coverage which provides primary care services to the children with reasonable effort by the custodian.

Do not enroll the child if the coverage is not accessible to the child. Notify DCS that the child cannot be enrolled and tell DCS why.

**13. We offer multiple insurance plans. How do we determine which plan to enroll the children?**

When the employee is already enrolled, enroll the children in the same plan as the employee.

When the employee is not enrolled and there are multiple plans within the premium limit shown on the Notice that would cover the children, DCS will select the plan. Provide DCS the following information about each plan: description of the coverage, additional cost the employee would have to pay to cover the children and whether there is a limited service area for the plan.

**When the children or the employee and children cannot be enrolled because the premium plus the cash support amount exceeds the 50 percent limit**, check box 4 on the *Employer Response* form and send the form to DCS. DCS may call you when you mark box 4. To avoid a call, you are welcome to note on the form that the cash support plus the premium would exceed the 50 percent withholding limit. If the plan administrator has already added the children to the plan, contact the plan administrator to tell them the children cannot be added.

**14. The employee is enrolled in a local HMO plan that will provide only emergency coverage to the child. There is a Preferred Provider Plan available that has medical providers where the child lives. Should we change the employee to the Preferred Provider Plan?**

DCS does not require that the employee be moved to another plan because DCS has no way of knowing if the employee has a spouse and/or other children already covered on his/her current plan. Some plan administrators will make the employee change plans to one that will cover the child where the child lives when the employee is the only one on the plan. However, this decision is up to the individual plan administrator.

**15. What if the employee objects to enrolling the children or withholding income to pay for the coverage?**

The employee may contest the withholding under the Notice, based on a mistake of fact, by contacting DCS. The employer must continue to withhold the premiums until notified by DCS to discontinue withholding.

**16. What if the employee tells the employer the children are already covered under a private pay plan, a current spouse, or have benefits through Indian Health Services?**

The employer has an obligation to comply with the Notice until they receive a Release terminating the medical withholding. The employee should contact DCS immediately and provide proof of coverage.

**PREMIUMS/WITHHOLDING LIMITS**

**17. I received two (or more) NMSNs for one employee. How do I determine the employee's premium limit for the children?**

Refer to "Cover Letter for the National Medical Support Notice – Part A", Section #2:

- Shows how much the employee has to pay for the children on that Notice.
- Add the amount on each Notice together to get a total. This is the most the employee has to pay to cover only the children listed on the Notices.
- If one NMSN has a set amount and another has no limit, the total is "no limit".

- If the cost to enroll the children is more than the total premium limit, mark box 5 on the Employer Response and tell DCS the cost of the children's premium. (Example: Premium cost is \$ \_\_\_\_\_.)

**18. If we have to enroll both the employee and the children, does the premium limit shown on the Notice include the amount the employee has to pay for him/herself and the children?**

NO. The premium limit shown on the Notice applies only to the additional cost the employee has to pay for the children's coverage.

EXAMPLE: If the cost for the employee only coverage is \$33 per month and the cost for the employee plus children is \$85 per month then the cost for the children only is \$52 per month. ( $\$85 - \$33 = \$52$ ). If the premium limit on the notice is \$52 or more, you would have to enroll both the employee and the children.

**19. What do I do if the cost of the children's coverage exceeds the premium amount shown on the Notice?**

Check box 5 on the Employer Response form and send the form to DCS and indicate the cost the employee would have to pay for the dependent coverage.

**20. When the employee works in Washington State, the most we can withhold for child support from the employee's net disposable earnings is 50 percent. How does the health insurance premium figure into the 50 percent limit?**

See question 11. Assuming the cost of the children's premium does not exceed the limit shown on the Notice, the answer depends on whether or not the employer has to enroll just the children or enroll both the employee and the children.

**21. What is the priority of withholding in Washington State?**

When the employee's principal place of employment is Washington State, the priority of withholding is current support first, the health insurance premium second, and past-due support last.

## PLAN ADMINISTRATORS/UNIONS

### 22. Who is the plan administrator?

The plan administrator is the person designated to enroll employees and their dependents in insurance plans. Employers can:

- Contract with a private company to handle enrollments
- Have a benefits office within their company that handles enrollments. OR
- Handle the enrollments themselves.

When the employees have health insurance benefits through a union, the union's third party administrator is the plan administrator. The third party administrator generally handles premium payments.

### 23. When I send Part B to the plan administrator, what do I send back to DCS?

Check box 7 on the Employer Response form, enter the date Part B was sent, and send the Employer Response to DCS.

### 24. How will I know if the plan administrator enrolls the children?

After the children are enrolled, the plan administrator will notify you to withhold the premium from the employee's earnings.

### 25. What information should the plan administrator or the employer give to DCS when the children are enrolled?

The plan administrator or employer may complete the Washington State Addendum to Box 2 of Part B – Plan Administrator Response or provide any preprinted information that provides the insurance information. DCS needs the insurance company name, address, telephone number, and the employee's policy or member number, and group number. For federal audit purposes, DCS must have the employee's insurance information in the DCS case files.

### 26. Our employees have insurance through a union. How do I notify DCS of the union coverage?

Send Part B Medical Support Notice to Plan Administrator (including the Cover Letter and Washington State Addendum to Box 2) to the union's third party administrator. Check box 7 on the Employer Response form, enter the date Part B was sent, and send the Employer Response to DCS.

### 27. We do our own insurance enrollments. We do not have a plan administrator. How do I respond to DCS?

If you offer insurance for which the children are eligible, enroll the children, and complete the Washington State Addendum to Box 2 of Plan Administrator Response form and the Plan Administrator response form. Return both forms to DCS within 40 business days after the date of the Notice.

## MULTIPLE STATE INVOLVEMENT

### 28. The employee and dependents are eligible for coverage. However, our coverage is limited to a specific service area and the child lives out-of-state or the child lives in a different part of the state outside of the plan's service area. What should we do?

See question 12.

### 29. What is the priority of withholding in Washington State?

When the employee's principal place of employment is Washington State, the priority of withholding is current support first, the health insurance premium second, and past-due support last. When the employee's principal place of employment is not Washington State, the employer will have to contact the child support agency in that state for priority information.

### 30. The employee is enrolled in a local HMO plan that will provide only emergency coverage to the child. There is Preferred Provider Plan available that has medical providers where the child lives. Should we change the employee to the Preferred Provider Plan?

DCS does not require that the employee be moved to another plan because DCS has no way of knowing if the employee has a spouse and/or other children already covered on his/her current plan. Some plan administrators will make the employee change plans to one that will cover the child where the child lives when the employee is the only one on the plan. However, this decision is up to the individual plan administrator.





# Employer Inquiry Letter

DIVISION OF CHILD SUPPORT  
PO BOX 11520  
TACOMA WA 98411-5520

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)



SAMPLE STORAGE  
1512 UHAUL ST  
VANCOUVER WA 98660

RE:  
MR PRODUCTION  
  
AKA:  
MISTER MARK PRODUCTION  
  
AKA:  
  
SSN:  
111-11-2222  
  
DATE:  
03/05/2013

### Employer Inquiry

(RCW 74.04.290)

The Division of Child Support (DCS) needs your help to get information about the above-named person. If you live, do business, or have assets in Washington State, Chapter 74.04 RCW allows DCS to use this letter instead of a subpoena.

If you are a tribe, tribally-owned business, or Indian business located on a reservation, please enter your Washington State employment security identification number here (if you do not have a number, enter *none*) \_\_\_\_\_.

DCS uses the number to help prevent certain types of future mailings to you. If you belong to one of the following employer categories, mark the one that applies to you.

☐ Tribe ☐ Tribally-owned business ☐ Indian-owned business located on a reservation

☐ Please answer **all** questions about the above-named person.

☒ Please answer **only the questions that DCS marked** about the above-named person.

1. ☒ Social security number: \_\_\_\_\_
2. ☒ Birth date: \_\_\_\_\_
3. ☒ Last-known address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

4. ☒ Gross earnings (excluding bonuses) for the period \_\_\_\_\_ through \_\_\_\_\_ .  

Month	Year	Gross Earnings	Month	Year	Gross Earnings
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



EMPLOYER INQUIRY  
DSHS 18-002 (REV. 12/2012)

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5. ☐ Bonuses paid for the period \_\_\_\_\_ through \_\_\_\_\_ .  
 Month Year Gross Bonus Month Year Gross Bonus  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. ☒ Currently employed by you? ☐ Yes ☐ No Date hired: \_\_\_\_\_  
 Last date paid: \_\_\_\_\_ Pay rate: \_\_\_\_\_  
 Paid: ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Semi monthly ☐ Other \_\_\_\_\_
7. ☐ List union information:  
 Union's Name \_\_\_\_\_  
 \_\_\_\_\_  
 P.O. Box or Street Address Local Affiliation Number  
 \_\_\_\_\_  
 City State ZIP Code  
 \_\_\_\_\_
8. ☒ If currently employed by you, is health insurance available for the employee's children through:  
 Your company? ☐ Yes ☐ No  
 A union? ☐ Yes ☐ No  
 If an answer to either of the above is yes, are the employee's children enrolled? ☐ Yes ☐ No. If yes, list:  
 Insurance Company's Name \_\_\_\_\_  
 \_\_\_\_\_  
 P.O. Box or Street Address  
 \_\_\_\_\_  
 City State ZIP Code  
 \_\_\_\_\_  
 Policy / Group Number Effective Date  
 \_\_\_\_\_  
 Types of coverage offered: ☐ Medical ☐ Dental ☐ Other \_\_\_\_\_  
 Names of the children covered by the health insurance.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Monthly premium paid by the employee for the children's health insurance coverage: \$ \_\_\_\_\_
9. ☐ If not currently employed by you, do you plan to rehire this person? ☐ Yes ☐ No  
 If yes, on what date do you plan to rehire? \_\_\_\_\_

10. ☐ If not currently employed by you, please list the present employer.

Employer's Name

P.O. Box or Street Address

Telephone Number

( )

City

State

ZIP Code

11. ☒ **Other information** (please answer on a separate sheet and attach it to this form):

Thank you!

If you received a wage withholding notice from another state and have questions, call DCS at 800-591-2760.

Return this form with the requested information in the enclosed self-addressed, return mail envelope or by fax to the DCS fax number listed below.

DATE

NAME OF PERSON ENTERING INFORMATION (PLEASE PRINT)

( )

TELEPHONE NUMBER (INCLUDE AREA CODE)

TITLE

If you have questions, contact:  
DIVISION OF CHILD SUPPORT  
PO BOX 11520  
TACOMA WA 98411-5520

Within HQ calling area (360) 664-5000

Outside HQ calling area (800) 457-6202

Fax: 1-866-668-9518

TTY/TDD services available for the speech or hearing impaired.

Visit our web site at: [www.dshs.wa.gov/dcs](http://www.dshs.wa.gov/dcs)

In reply, refer to case numbers:

623833

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.





# Payment Options

**In this section, you will learn about the following:**

- ▶ *How Payments Should Be Sent*
- ▶ *The Benefits of Electronic Payments*
- ▶ *How to Register to Pay Electronically*

## Payment Options

Employers are a key partner in Washington State's child support program, remitting 65% of child support payments. Employers are required to withhold and remit payments to the Washington State Support Registry (WSSR) within 7 business days.

### Electronic Payments

Employers are encouraged to send payments electronically. These transactions are faster, safer and less expensive than paper checks. DCS offers a variety of Electronic Funds Transfer/Electronic Data Interchange (EFT/EDI) options for employers

#### INTERNET

- Remit payments using the Child Support Internet Payment Service (CSIPS).
- Employers can easily build an employee file, select each payment's delivery date and schedule future payments.
- Powered by Secure Access Washington which provides easy access to secure services.
- To get started, go to <https://secure.dshs.wa.gov/dcsonline>

#### REPETITIVE AUTOMATED CLEARING HOUSE (ACH) DEBIT

- Employers can authorize DCS to automatically deduct the payment from their bank account.
- The deduction continues on the same day(s) each month until the employer notifies DCS to stop.
- This method works well for employers with a small, stable work force and for employees whose payment amounts do not change

#### ACH CREDIT

- Employers can transfer funds to the DCS bank account similar to direct deposit.
- The employee identification and payment information is sent in the form of an EDI addenda record with the EFT payment.
- DCS can accept payments in both the CCD+ and CTX standardized child support formats.
- Employers should contact their own financial institution for help with formats, standards and technical requirements

For more information, call the EFT Help Desk at 1-800-468-7422 or 360-664-5103.

### Check Payments

Washington State Support Registry  
PO Box 45868  
Olympia, WA 98504-5868

- Combine payments for more than one employee into a single check
- Please include the name, case number, social security number and amount for each employee

Related Laws: RCW 26.23.070



# Appendix/Forms

# Appendix

## **Contact Information:**

Division of Child Support  
[www.childsupportonline.wa.gov](http://www.childsupportonline.wa.gov)  
800-591-2760

## **Employer Resources / Guides / Workbook:**

[www.dshs.wa.gov/dcs/employers/Employers1.asp](http://www.dshs.wa.gov/dcs/employers/Employers1.asp)

## **New Hire Reporting:**

<https://secure.dshs.wa.gov/dcsonline>  
800-562-0479

## **Electronic Payments:**

800-468-7422

## **Forms:**

09-857: Income Withholding Order  
09-727: National Medical Support Notice







